

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. HY302886

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) SHAAR, KHALED W		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR		
STAR NO. 9039	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 100 W ONTARIO ST		
DATE OF APPOINTMENT 10-MAY-1999	EMPLOYEE NO. [REDACTED]	CITY CHICAGO	STATE (If outside Chicago) [REDACTED]	
UNIT OF ASSIGNMENT 189	BEAT/CALL NO. 6226C	LOCATION CODE 293-RESTAURANT	BEAT OF OCCURRENCE 1832	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	DATE OF OCCURRENCE 16-JUN-2015	TIME 00:20:00
HEIGHT 5'10	WEIGHT 190	DAY OF WEEK TUESDAY		
NO. OF OFFICERS BATTERED <u>1</u>				
WERE THERE ASSISTING UNITS ON SCENE? <u>1. X YES    2. [REDACTED] NO</u>				
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>12</u>				
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				
<input type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many?  PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER		
<input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER				
<input checked="" type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER				
MANNER OF ATTACK				
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)				
TYPE OF WEAPON/THREAT				
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> B. REVOLVER <input type="checkbox"/> E. FEET <input type="checkbox"/> C. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 1. RIFLE <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 2. SHOTGUN <input type="checkbox"/> H. OTHER (SPECIFY)				
TYPE OF ACTIVITY				
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____				
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____				
<input type="checkbox"/> K. OTHER				
OFFENDER INFORMATION				
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB 15-NOV-1955		
CB NO. 19134150	IR ND.			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN				
GANZ RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN				
NO. OF OFFENDERS PRESENT? <u>1</u>				
WEATHER CONDITIONS				
A. DAYLIGHT	D. DUSK	E. ARTIFICIAL LIGHT	F. SEVERE CROSS WIND	G. OTHER
B. NIGHT	[REDACTED]	1. POOR	2. GOOD	
C. DAWN				
APPROXIMATE OUTDOOR TEMPERATURE: <u>74°F</u> LOG# <u>1075692</u>				

**REPORTING MEMBER - SIGNATURE**  
**SHAAR, KHALED W**

**STAR NO.**  
**9039**

**WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.**  
**SCHMEER, PAULA C** **225**